

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 100-07)

Serial No.  
588492

FILING DATE  
6-6-00

Applicant(s)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT	
	NO.	OEP.	NO.	OEP.	NO.	OEP.
1	1		1			
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37	1					
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49						
50						
TOTAL NO.	44					
TOTAL OEP.	14					

	NO.	OEP.	NO.	OEP.	NO.	OEP.
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TOTAL NO.						
TOTAL OEP.						

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